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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>122 a</u>	
1. PLACE OF DEATH		COUNTY <u>Greenlee</u> STATE <u>ARIZONA</u> REGISTERED NO. _____	
TOWNSHIP <u>Franklin</u> OR VILLAGE _____ OR _____		CITY _____ NO. _____ WARD _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.	
2. FULL NAME <u>Marinus Christensen</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.	
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE)		ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Olsona Stinson Christensen</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15 - 1879</u>			
7. AGE YEARS <u>56</u>	MONTHS <u>9</u>	DAYS <u>15</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>25 yrs</u>			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH, DAY, AND YEAR) <u>Jan 1935</u>			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) <u>Norling</u> (STATE OR COUNTY) <u>Walborg County Denmark</u>			
13. NAME <u>Jens Christensen Christensen</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>Valsted</u> (STATE OR COUNTY) <u>Denmark</u>			
15. MAIDEN NAME <u>Abelone Christensen</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>Blokhus</u> (STATE OR COUNTY) <u>Denmark</u>			
17. INFORMANT <u>Beulah Christensen</u> (ADDRESS) _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin</u> DATE <u>Dec 4, 1935</u>			
19. EMBALMER (LICENSE NO. _____) SIGNATURE <u>Family</u> FUNERAL DIRECTOR <u>Franklin</u> ADDRESS _____			
20. FILED <u>Dec 16, 1935</u> <u>Eugene Romney</u> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>December 3, 1935</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>December 1, 1935</u> TO <u>December 3, 1935</u>			
I LAST SAW HIM ALIVE ON <u>December 2, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
<u>Cerebral hemorrhage</u> <u>Dec 1, 35</u>			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Arterio Sclerosis</u>			
NAME OF OPERATION _____ DATE OF _____			
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____			
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
MANNER OF INJURY _____			
NATURE OF INJURY _____			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____			
IF SO, SPECIFY (SIGNED) <u>Ernest Allen</u> M. D. (ADDRESS) <u>Box 231 Duncan Arizona</u>			